

**AFFIRMATIVE ACTION RESOURCE & REFERRAL UPDATE FORM
(RELEASABLE TO THE PUBLIC)**

NAME OF ORGANIZATION:

CONTACT PERSON:

MAILING ADDRESS:

PHONE NR:

FAX NR:

TOLL FREE NUMBER (IF AVAILABLE):

E-MAIL ADDRESS:

INTERNET SITE ADDRESS:

OTHER INFORMATION:

No longer want to be listed as a resource.

PLEASE MAIL or FAX COMPLETED FORM TO:

DEPARTMENT OF LABOR & INDUSTRIES
SPECIALTY COMPLIANCE SERVICES DIVISION
APPRENTICESHIP SECTION
PO BOX 44530
OLYMPIA, WA 98504-4530
FAX: (360) 902-4248 PHONE: (360) 902-5323/5324/5320